Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10765754

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER THAN		
			_	(Column 1)		(Column 2)		TYPE [OF		SMALL ENTITY	
T	OTAL CLAIMS	,	18			·!		RATE	FEE] ′	RATE	FEE ·	
FC)R			NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	18 min	1 6 minus 20=		*		X\$ 9=		OR	X\$18=		
INC	DEPENDENT CI	LAIMS	Y min	M minus 3 =].	X43=		OR	X86=	86	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		· ·			+145=		OR			
* If	the difference	e in column 1 is	less than ze	∍ro, enter	- ′"0" in c	column 2		TOTAL	-	OR	L	856	
	С	CLAIMS AS A	MENDEC) - PAR'	T II			, 🗨	<u> </u>] ~	OTHER		
	-	(Column 1)		(Colum	mn 2)	(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL E		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		XS 9=	 	OR	X\$18=	l	
AME	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PHESE	ENTATION OF MU	JETIPLE DE-	ENDEN	CLAIM]	+145=		OR	+290=		
							ı	TOTAL		1, 1	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**	.04	=		X\$ 9=		OR	X\$18=	<u> </u>	
MEN	Inaependent	*	Minus	***		=	 	X43=		l t	X86=		
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		╽┟			OR			
							l	+145=		OR	+290=		
						·	£	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)	 	(Colum		(Column 3)	1 _			. ,			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus			= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL										L	TOTAL		
***	If the "Highest Nur	mber Previously Pai mber Previously Paid	id For" IN THIS	S SPACE is	less than	n 3, enter "3."	A	DDIT. FEE L		_ A	ADDIT. FEE L umn 1.		